|  |                           |                     |                  |                     |          | pplication or Docket Number |                               |                     |                        |  |  |
|--|---------------------------|---------------------|------------------|---------------------|----------|-----------------------------|-------------------------------|---------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  |                           |                     |                  |                     |          |                             |                               |                     |                        |  |  |
| Effective October 1, 2000  |                           |                     |                  |                     | 09836691 |                             |                               |                     |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                           |                     |                  | SMALL ENTITY TYPE C |          |                             | OTHER THAN<br>OR SMALL ENTITY |                     |                        |  |  |
| TOTAL CLAIMS   | 41                        |                     |                  | RATE                |          | FEE                         |                               | RATE                | FEE                    |  |  |
| FOR  | NUMBER FILEO NUMBER EXTRA |                     | BAS              | C FEE               | 355.00   | OR                          | BASIC FEE                     | 710.00              |                        |  |  |
| TOTAL CHARGEABLE CLAIMS  | 4) minus 20= '2)          |                     | X                | 9=                  |          | OR                          | X\$18=                        | 378                 |                        |  |  |
| INDEPENDENT CLAIMS   | 5 minus 3 = 2             |                     | X                | X40=                |          | OR                          | X80=                          | 160                 |                        |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                           |                     | +1               | 35=                 |          | OR                          | +270=                         |                     |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |                           |                     | 10               | TAL                 |          | OR                          | TOTAL                         | 1248                |                        |  |  |
| CLAIMS AS AMENDED - PART II  |                           |                     |                  |                     |          |                             |                               | OTHER               | THAN                   |  |  |
| (Column 1)   |                           | mn 2)               | (Column 3)       | EM                  | ALL      | ENTITY                      | OR                            | SMALL               |                        |  |  |
| ≺ REMAINING  | NUA<br>PREVI              | SER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | R                   | ATE      | ADDI-<br>TIONAL<br>FEE      | /                             | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| AFTER AMENDMENT Total Independent  Total   | Minus - G                 | 4                   | -0               | X                   | 9=       |                             | OR                            | X\$18=              |                        |  |  |
|  | Minus                     | 5                   | · <u>Q</u>       | X4                  | 10=/     |                             | OR                            | X80=                |                        |  |  |
| FIRST PRESENTATION OF M  | ULTIPLE DEPENDEN          | TCLAIM              |                  | 1                   | 35=      |                             | ØR                            | +270=               |                        |  |  |
| a a l All  |                           | •                   |                  | $\mathcal{L}$       | TOTAL    | -                           | OR                            | YOTAL               |                        |  |  |
| 8-31-04<br>(Column 1) (Column 2) (Column 3)  |                           |                     |                  |                     |          | <u> </u>                    | Jon                           | ADDIT. FEE          | //                     |  |  |
| COURS  | FIG.                      | REST                |                  |                     |          | ADDI-                       | 1                             |                     | ADDI-                  |  |  |
| REMAINING AFTER AMENDMENT Total • 4  | PREVI                     | ROUSLY<br>FOR       | PRESENT          | R                   | ATE      | TIONAL<br>FEE               |                               | RATE                | TIGNAL                 |  |  |
| Total · 4  | Minus4                    | 1                   | = /              | X                   | 9-       | l //                        | OR                            | X\$18=              | //                     |  |  |
|  | Minus 5 = /               |                     | ×                | 10=                 | 7        | OR                          | X80=                          | /                   |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                           |                     |                  | +1                  | 35-      |                             | OR                            | +270=               |                        |  |  |
|  | 1.15                      |                     |                  |                     | OTAL     |                             | OR                            | YOYAL<br>ADDIT, FEE |                        |  |  |
| (Column 1) (Column 2) (Column 3)   |                           |                     |                  |                     |          |                             |                               |                     |                        |  |  |
| CANS   | Pile Ric                  | REST<br>(BER        | PRESENT          |                     |          | ADDI                        |                               |                     | ADDI-                  |  |  |
| REMAINING AFTER AMENDMENT  Total •   | PREV                      | OUSLY<br>FOR        | EXTRA            | R/                  | ATE      | TIONAL<br>FEE               |                               | RATE                | TIONAL<br>FEE          |  |  |
| Total • 4  | Minus U                   | [ ]                 | = Ø,             | X                   | 9=       |                             | ОЯ                            | X\$18=              | 7                      |  |  |
| Independent • 5  | Minus •••                 | 5                   | = (0)            | X4                  | 10=      |                             | OR                            | X80=                |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                           |                     |                  | 1                   | 35=      |                             | OR                            | +270=               |                        |  |  |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." |                           |                     |                  | _                   | OIAL     | -/-                         | OR                            | TOTAL               | /                      |  |  |
| "If the Tilighost Number Proviously Paid For IN THIS SPACE is less than 3, enter 3."   |                           |                     |                  |                     |          |                             |                               |                     |                        |  |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |                           |                     |                  |                     |          |                             |                               |                     |                        |  |  |